

HHSC CONTRACT NO. 529-16-0102-00053-B
AMENDMENT NO. 2 -- RENEWAL
FAMILY PLANNING GRANT PROGRAM

The Health and Human Services Commission ("HHSC", "Contractor", or "System Agency") and The Heidi Group ("Contractor" or "Grantee"), having its principal office at 109 S. Harris Street, Ste. 210, Round Rock, Texas 78664 (each a "Party" and collectively the "Parties") desire to amend the Family Planning Grant Program contract ("Contract") with the terms and conditions contained herein ("Amendment").

WHEREAS, the Parties desire to exercise the first renewal option contained in Contract Section III. CONTRACT PERIOD and renew the Contract for the period September 1, 2017 through August 31, 2019;

WHEREAS, the Parties desire to modify Contract Section IV. STATEMENT OF SERVICES TO BE PROVIDED as described herein; and

WHEREAS, the Parties desire to modify Contract Section V. CONTRACT NOT-TO-EXCEED AMOUNT AND PAYMENT PROCESSES by adding funds to the Contract for the performance of services during the term of this Amendment.

NOW, THEREFORE, the Parties hereby amend and modify the Contract as follows:

1. **SECTION III** of the Contract, CONTRACT PERIOD, is hereby deleted in its entirety and replaced with the following:

This Amendment will be effective on September 1, 2017, or upon the signature date of the last Party to sign the Amendment, whichever occurs later. The Contract shall terminate on August 31, 2019, unless it is renewed or terminated pursuant to the terms and conditions of the Contract. The System Agency reserves the option to renew the Contract for up to one additional two-year term.

2. **SECTION IV** of the Contract, STATEMENT OF SERVICES TO BE PROVIDED, is hereby modified as follows:

- A. The following forms are added to Attachment B -- Contractor's revised Program Forms:

Form C: Texas Counties and Regions

Form D-1: Contact Information;

Form H-1: Clinic Site Readiness;

Form I-1(a): Current Clinic Sites;

Form I-1(b): Clinic Sites;

Form J-1: Services Profile Table; and

Form K-1: Family Planning Program Certification.

- B. Forms C, D-1, I-1(a), and K-1 are attached hereto and incorporated herein by this reference and supersede the corresponding forms contained in either Attachment B of the Contract or Attachment D of the Contract. Forms H-1, I-1(b), and J-1 are attached hereto and incorporated herein by this reference and supplement the corresponding forms contained in either Attachment B of the Contract or Attachment D of the Contract. All program forms contained in either Attachment B or Attachment D of the Contract that are not modified in this Amendment will continue in full force and effect throughout the duration of this Amendment.
- C. Form K-1: Family Planning Program Certification must be executed for each state fiscal year (September 1st through August 31st) during the Amendment. Contractor's recertification for September 1, 2018 through August 31, 2019 ("Fiscal Year 2019") will not require a contract amendment. However, a new Form K-1 is required to be executed before September 1, 2018, in order for Contractor to seek payment for services performed in Fiscal Year 2019.
- D. The last sentence of Section IV is deleted in its entirety and replaced with the following language:

Contractor shall provide Family Planning Program services to 17,895 Unduplicated Clients in Fiscal Year 2018 (September 1, 2017 through August 31, 2018) and 17,895 Unduplicated Clients in Fiscal Year 2019.

3. **SECTION V of the Contract, CONTRACT NOT-TO-EXCEED AMOUNT AND PAYMENT PROCESSES**, is hereby deleted in its entirety and replaced with the following language:

- A. The total amount of this Amendment shall not exceed \$10,200,000 as described in the budget documents contained in Forms F et seq., which are attached hereto and incorporated herein by this reference. These budget forms replace the forms contained in Attachment C of the Contract. The not-to-exceed amount for Fiscal Year 2018 is \$5,100,000 and the not-to-exceed amount for Fiscal Year 2019 is \$5,100,000. The total not-to-exceed amount for the Contract is \$11,196,930.

B. Fee-For-Service Payments:

The not-to-exceed amount for the Fee-For-Service component for Fiscal Year 2018 is \$2,550,000 and for Fiscal Year 2019 is \$2,550,000. Contractor must submit claims in accordance with the requirements of Section 2.3.3 and 2.3.5 of the Family Planning Program Open Enrollment, ATTACHMENT A.

C. Cost Reimbursement Payments:

The not-to-exceed amount for the cost Reimbursement component for Fiscal Year 2018 is \$2,550,000 and for Fiscal Year 2019 is \$2,550,000. All expenditures under the Contract must be in accordance with the budget forms for each respective fiscal year as now contained in ATTACHMENT C. This portion of the Contract will be paid on a cost reimbursement basis as described in Sections 2.3.3 and 2.3.4 of the Family Planning Program Open Enrollment, ATTACHMENT A.

- D. This Contract is contingent upon the continued availability of funding. If funds become unavailable during the term of the Contract, the System Agency may terminate this Contract without penalty.
- E. Notice to Proceed:
 - (i) Contractor may not begin Work or incur any expenses until:
 - (a) it receives the System Agency's Notice to Proceed (NTP); and
 - (b) this Amendment is effective as stated in Paragraph 1, above.
 - (ii) The NTP may include a request for an amended budget due to a revised budget amount, which will be incorporated into this Contract by a subsequent amendment. Any Work performed prior to the occurrence of the requirements contained in subparagraphs (i)(a) and (i)(b), above, shall be at Contractor's sole risk.
 - (iii) Contractor agrees that it will revise its budget documents as directed in the NTP within the timeframe specified in the NTP or, if no time is specified in the NTP, within ten (10) business days from the date of the NTP.
- 4. Except as amended and modified by this Amendment No. 2, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
- 5. Any further revisions to the Contract shall be by written agreement of the Parties.


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**SIGNATURE PAGE FOR AMENDMENT NO. 2
HHSC CONTRACT NO. 529-16-0102-00053-B**

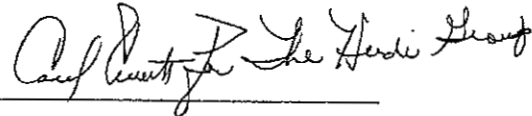
The Parties have executed this Amendment in their capacities as stated below with authority to bind their organizations on the dates set forth by their signatures.

SYSTEM AGENCY

GRANTEE

DocuSigned by:

F9D010121CFB41D...

Charles Smith
Executive Commissioner

By: 

Name: Carol Everett

Title: CEO _____

Date of Execution: 8/31/2017 | 6:38 PM CDT

Date of Execution: August 11, 2017

THE FOLLOWING ATTACHMENTS ARE ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE:

ATTACHMENT B – CONTRACTOR'S REVISED PROGRAM FORMS

- **FORM C: TEXAS COUNTIES AND REGIONS**
- **FORM D-1: CONTACT INFORMATION**
- **FORM H-1: CLINIC SITE READINESS**
- **FORM I-1(a): CURRENT CLINIC SITES**
- **FORM I-1(b): CLINIC SITES**
- **FORM J-1: SERVICES PROFILE TABLE**
- **FORM K-1: FAMILY PLANNING PROGRAM CERTIFICATION**

ATTACHMENT C – CONTRACTOR'S REVISED BUDGET DOCUMENTS

Attachment B – Contractor's Revised Program Forms

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FORM C: TEXAS COUNTIES AND REGIONS

Legal Business Name:

The Heidi Group

Revision #4 2-17-2017

Applicant must identify the counties in which it proposes to provide the services required under this enrollment by placing a checkmark or an X in the respective county(ies) box(es).

Counties	☑	R	Counties	☑	R	Counties	☑	R	Counties	☑	R	Counties	☑	R
-A-			Crosby		01	Hays		07	Martin		09	Schleicher		09
Anderson		04	Culberson		10	Hemphill	x	01	Mason		09	Scurry		02
Andrews		09	-D-			Henderson		04	Matagorda		06	Shackelford		02
Angelina		05	Dallam	x	01	Hidalgo	x	11	Maverick		08	Shelby		05
Aransas		11	Dallas	x	03	Hill		07	McCulloch		09	Sherman	x	01
Archer		02	Dawson		09	Hockley		01	McLennan		07	Smith	x	04
Armstrong	x	01	Deaf Smith	x	01	Hood		03	McMullen	x	11	Somervell		03
Atascosa	x	08	Delta		04	Hopkins		04	Medina		08	Starr		11
Austin		06	Denton	x	03	Houston		05	Menard		09	Stephens	x	02
-B-			DeWitt		08	Howard		09	Midland		09	Sterling		09
Bailey		01	Dickens		01	Hudspeth		10	Milam	x	07	Stonewall		02
Bandera		08	Dimmit	x	08	Hunt	x	03	Mills		07	Sutton		09
Bastrop		07	Donley	x	01	Hutchinson	x	01	Mitchell		02	Swisher	x	01
Baylor		02	Duval		11	-I-			Montague		02	-T-		
Bee		11	-E-			Irion		09	Montgomery	x	06	Tarrant	x	03
Bell		07	Eastland	x	02	-J-			Moore	x	01	Taylor		02
Bexar	x	08	Ector		09	Jack		02	Morris		04	Terrell		09
Blanco	x	07	Edwards		08	Jackson		08	Motley		01	Terry		01
Borden		09	Ellis	x	03	Jasper		05	-N-			Throckmorton		02
Bosque		07	El Paso		10	Jeff Davis		10	Nacogdoches		05	Titus		04
Bowie		04	Erath		03	Jefferson		05	Navarro		03	Tom Green		09
Brazoria		06	-F-			Jim Hogg	x	11	Newton		05	Travis		07
Brazos	x	07	Falls		07	Jim Wells		11	Nolan		02	Trinity		05
Brewster		10	Fannin		03	Johnson		03	Nueces		11	Tyler		05
Briscoe	x	11	Fayette		07	Jones		02	-O-			-U-		
Brooks		11	Fisher		02	-K-			Ochiltree	x	01	Upshur		04
Brown		02	Floyd		01	Karnes		08	Oldham	x	01	Upton		09
Burleson	x	07	Foard		02	Kaufman	x	03	Orange		05	Uvalde		08
Burnet	x	07	Fort Bend		06	Kendall		08	-P-			-V-		
-C-			Franklin		04	Kenedy		11	Palo Pinto	x	03	Val Verde		08
Caldwell		07	Freestone		07	Kent		02	Panola		04	Van Zandt	x	04
Calhoun		08	Frio		08	Kerr		08	Parker	x	03	Victoria		08
Callahan		02	-G-			Kimble		09	Parmer	x	01	-W-		
Cameron		11	Gaines		09	King		01	Pecos		09	Walker		06
Camp		04	Galveston		06	Kinney		08	Polk		05	Waller		06
Carson	x	01	Garza		01	Kleberg		11	Potter	x	01	Ward		09
Cass		04	Gillespie		08	Knox		02	Presidio		10	Washington	x	07
Castro	x	01	Glasscock		09	-L-			-R-			Webb	x	11
Chambers		06	Goliad		08	Lamar		04	Rains		04	Wharton		06
Cherokee	x	04	Gonzales		08	Lamb		01	Randall	x	01	Wheeler	x	01
Childress	x	01	Gray	x	01	Lampasas		07	Reagan		09	Wichita		02
Clay		02	Grayson		03	La Salle	x	08	Real		08	Wilbarger		02
Cochran		01	Gregg		04	Lavaca		08	Red River		04	Willacy		11
Coke		09	Grimes	x	07	Lee		07	Reeves		09	Williamson		07
Coleman		02	Guadalupe		08	Leon	x	07	Refugio		11	Wilson	x	08
Collin	x	03	-H-			Liberty		06	Roberts	x	01	Winkler		09
Collingsworth	x	01	Hale		01	Limestone		07	Robertson	x	07	Wise		03
Colorado		06	Hall	x	01	Lipscomb	x	01	Rockwall	x	03	Wood		04
Comal		08	Hamilton		07	Live Oak		11	Runnels		02	-Y-		
Comanche	x	02	Hansford	x	01	Llano	x	07	Rusk		04	Yoakum		01
Concho		09	Hardeman		02	Loving		09	-S-			Young		02
Cooke		03	Hardin		05	Lubbock		01	Sabine		05	-Z-		
Coryell		07	Harris	x	06	Lynn		01	San Augustine		05	Zapata	x	11
Cottle		02	Harrison		04	-M-			San Jacinto		05	Zavala		08
Crane		09	Hartley	x	01	Madison	x	07	San Patricio		11			
Crockett		09	Haskell		02	Marion		04	San Saba		07			

FORM D-1: CONTACT INFORMATION**Legal Business Name:** The Heidi Group

Current contact information for your agency's Family Planning Program.

Please verify or modify each line as follows:

- A. Check the box if the information for each contact person is correct;
- B. ~~Strike through~~ incorrect information;
- C. *Add any corrections/changes in red;*
- D. *If Medical Director or Program Director has changed since the FY17 original contract, attach resumé(s).*
- E. *If Medical Director has changed or his/her Medical License has expired or will expire before 08/31/17, please attach new Texas Medical License or add a note as to when it will be renewed.*

NOTE: Contractor must submit renewed license to HHSC. The contract will not be amended to reflect the submission of a renewed license; however, the renewed license will be maintained in the contract file.

Check box if correct	Exec Dir First Name	Exec Dir Last Name	Exec Dir Email	Exec Dir Phone
<input checked="" type="checkbox"/>	Carol	Everett	ce@heidigroup.org	512-255-2088
	Financial Director First Name	Financial Last Name	Financial Email	Financial Phone
<input checked="" type="checkbox"/>	J. Dwayne	Anderson	jdanderson@jdacpal.com	512-481-9506
	Primary Prog Contact First Name	Primary Prog Contact Last Name	Primary Prog Contact Email	Primary Prog Contact Phone
<input type="checkbox"/>	Carol	Everett	ce@heidigroup.org	512-255-2088
	Medical Director First Name	Medical Director Last Name	Medical Director Email	Medical Director Phone
<input checked="" type="checkbox"/>	Dr. Noreen	Johnson	nzjohnson@hotmail.com	979-764-4031
	Billing Contact First Name	Billing Contact Last Name	Billing Contact Email	Billing Contact Phone
<input type="checkbox"/>	Carol	Everett	ce@heidigroup.org	512-255-2088
	Quality Assurance Contact First Name	Quality Assurance Contact Last Name	Quality Assurance Contact Email	Quality Assurance Contact Phone
	Trina	Mayo-Day	trina@heidigroup	512-255-2088

FORM H-1: CLINIC SITE READINESS
COMPLETE ONLY IF ADDING A NEW CLINIC SITE

Legal Business Name: The Heidi Group – Athens Family Circle of Care

Complete this form only if adding a clinic site that will provide Family Planning Program services and was not previously included in your agency's HHSC Family Planning Program contract. A separate form must be completed for each site that is added.

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Clinic applied for a Class D pharmacy license in April, 2017.

FORM H-1: CLINIC SITE READINESS
COMPLETE ONLY IF ADDING A NEW CLINIC SITE

The Heidi Group

Legal Business Name: Jacksonville Family Circle of Care

Complete this form only if adding a clinic site that will provide Family Planning Program services and was not previously included in your agency's HHSC Family Planning Program contract. A separate form must be completed for each site that is added.

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FORM H-1: CLINIC SITE READINESS
COMPLETE ONLY IF ADDING A NEW CLINIC SITE

The Heidi Group

Legal Business Name:

Rio Grande Family Clinic

Complete this form only if adding a clinic site that will provide Family Planning Program services and was not previously included in your agency's HHSC Family Planning Program contract. A separate form must be completed for each site that is added.

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FORM I-1(a): CURRENT CLINIC SITES

Legal Business Name: The Heidi Group

Current clinic site information for your agency’s Family Planning Program.

Please verify or modify each line as follows:

- A. Check the box if the information is correct;
- B. ~~Strike through~~ if information is incorrect or if a clinic site will no longer provide Family Planning Program Services;
- C. *Make any corrections in red;*
- D. *Add any new clinic site information in red.*

Check only if no changes	Clinic Name	Address	City	County	Zip	Appointment Phone	Clinic Phone	TPI	NPI
<input type="checkbox"/>	B & W Healthcare Associates	400 W Plummer St	Eastland	Eastland	76448	(254) 629-1744	(254) 629-1744	3600850-10	1265695290
<input checked="" type="checkbox"/>	Health Now Family Practice	1700 N. Hampton Rd., Suite 105	DeSoto	Dallas	75115	(972) 228-6602	(972) 228-6602	3600850-05	1922142181
<input checked="" type="checkbox"/>	Hillside Family Health Clinic PA	7130 Bell Street	Amarillo	Randall	79109	(806) 373-4010	(806) 373-4010	3600850-14	1053644724
<input checked="" type="checkbox"/>	Michael A. McFarland MD	1105 Oak Street, Suite A	Jourdanton	Atascosa	78026	(830) 769-2181	(830) 769-2181	3600850-15	1407934797
<input checked="" type="checkbox"/>	Rio Grande Women’s Clinic Alamo	427 E. Duranta Avenue, Suite 108	Alamo	Hidalgo	78516	(956) 787-0770	(956) 787-0770	3600850-06	1619924719
<input checked="" type="checkbox"/>	Rio Grande Women’s Clinic McAllen	222 E. Ridge Rd., Suite 101	McAllen	Hidalgo	78503	(956) 632-6032	(956) 632-6032	3600850-09	1619924719
<input checked="" type="checkbox"/>	Rio Grande Women’s Clinic Edinburg	2502 E. Richardson Road	Edinburg	Hidalgo	78542	(956) 380-4477	(956) 380-4477	3600850-07	1619924719
<input checked="" type="checkbox"/>	Rio Grande Women’s Clinic La Joya	1000 E. Expressway 83	La Joya	Hidalgo	78560	(956) 583-2646	(956) 583-2646	3600850-08	1619924719
<input type="checkbox"/>	Brazos Medical Associates <i>Name change only – Now – Bryan Medical Associates</i>	4112 E. 29th St.	Bryan	Brazos	77802	(979) 764-4043	(979) 764-4043	3600850-02	134660365
<input type="checkbox"/>	Tenison Women's Health Center Garland	5505 Broadway Blvd., Suite B	Garland	Dallas	75043	(214) 703-6527	(214) 703-6527	3600850-16	1265462865
<input type="checkbox"/>	Tenison Women's Health Center Terrell	617 W. Moore Avenue, Suite B	Terrell	Kaufman	75160	(972) 563-8100	(972) 563-8100	3600850-23	1265462865
<input checked="" type="checkbox"/>	Treat Now Family Clinic Arlington	2916 Kraft Street Suite #60	Arlington	Tarrant	76010	(817) 633-3400	(817) 633-3400	3600850-17	1225373244
<input checked="" type="checkbox"/>	Treat Now Family Clinic Mineral Wells	108 SW 6th Avenue Suite A	Mineral Wells	Palo Pinto	76067	(940) 468-4061	(940) 468-4061	3600850-18	1225373244
<input checked="" type="checkbox"/>	Tyler Family Circle of Care	928 N. Glenwood Blvd.	Tyler	Smith	75702	(903) 535-9041	(903) 535-9041	3600850-19	1144575820
<input type="checkbox"/>	Valley Women's Care PLLC	1900 S. Jackson Road, Suite 4	McAllen	Hidalgo	78503	(956) 971-9930	(956) 971-9930	3600850-20	1578684726
<input type="checkbox"/>	Webster Family Care	200 Medical Center Blvd., Suite 102	Webster	Harris	77598	(281) 724-1271	(281) 724-1271	3600850-21	1952372252

<input type="checkbox"/>	Cheng Chien Song MD	1001 12th Avenue, Suite 154	Fort Worth	Tarrant	76104	(817) 810-9997	(817) 810-9997	3600850-11	1669431094
<input checked="" type="checkbox"/>	Christy Scoggins Family Clinic	1712 Hwy 1431 West, Suite B	Marble Falls	Burnet	78654	(830) 637-7761	(830) 637-7761	3600850-12	1760477632
<input checked="" type="checkbox"/>	Community Wellness Clinic	201 Enterprise Row	Conroe	Montgomery	77301	(936) 760-2784	(936) 760-2784	3600850-22	1902269715
<input checked="" type="checkbox"/>	Dr. Eliud Acevedo MD	1405 Jacaman Rd., Ste. 101	Laredo	Webb	78041	(956) 725-1777	(956) 725-1777	3600850-13	1235159948
<input checked="" type="checkbox"/>	Health 4U Clinic Arlington	1321 E. Pioneer Pkwy	Arlington	Tarrant	76010	(817) 759-2273	(817) 759-2273	3600850-03	1073821500
<input checked="" type="checkbox"/>	Health 4U Clinic Fort Worth	3825 Yucca Avenue	Fort Worth	Tarrant	76111	(817) 759-2273	(817) 759-2273	3600850-04	1073821500
<input type="checkbox"/>	Jacksonville Family Circle of Care	510 East Commerce Street	Jacksonville	Cherokee	75766	(903) 541-2700	903) 541-2700	3111528-01	1144575820
<input type="checkbox"/>	Rio Grande Family Practice Clinic	222 East Ridge Rd	McAllen	Hidalgo	78501	(956) 661-3880	(956) 661-3880	11271669-02	1619924719
<input type="checkbox"/>	Athens Family Circle of Care	1001 North Palestine Street	Athens	Henderson	75751	(903) 535-9041	(903) 535-9041	Applied	1144575820

FORM I-1(b): CLINIC SITES
COMPLETE ONLY IF ADDING A NEW CLINIC SITE

Legal Business Name: The Heidi Group – Athens Family Circle of Care

Complete this form only if adding a clinic site that will provide Family Planning Program services and was not previously included in your agency's HHSC Family Planning Program contract. A separate form must be completed for each site that is added.

Clinic Name:	Athens Family Circle of Care			
Street Address:	1001 North Palestine Street	Suite:		
City:	Athens	County:	Henderson	Zip Code: 75751 HHSR: 4
Clinic APPOINTMENT Phone #:	903-535-9041			
Service Area (counties to be served by this clinic site):	Henderson			
Pharmacy License #:	Class:	D	Date of Pharmacy License Application Submission:	April, 2017
TPI#:	311152810	NPI #:	1144575820	
Date of Medicaid Application Submission (if no TPI# or NPI#): _____				
Subcontractor Site:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Mobile Site:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

FORM I-1(b): CLINIC SITES
COMPLETE ONLY IF ADDING A NEW CLINIC SITE

Legal Business Name: The Heidi Group

Complete this form only if adding a clinic site that will provide Family Planning Program services and was not previously included in your agency's HHSC Family Planning Program contract. A separate form must be completed for each site that is added.

Clinic Name:	Jacksonville Family Circle of Care		
Street Address:	510 East Commerce Street	Suite:	
City:	Jacksonville	County:	Cherokee
Zip Code:	75766	HHSR:	4
Clinic APPOINTMENT Phone #:	903-541-2700		
Service Area (counties to be served by this clinic site):	Cherokee, Rusk, Vanzandt		
Pharmacy License #:	Class:	Date of Pharmacy License Application Submission:	1/25/2017
TPI#:	311152801	NPI #:	1144575820
Date of Medicaid Application Submission (if no TPI# or NPI#): _____			
Subcontractor Site:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Mobile Site:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

FORM I-1(b): CLINIC SITES
COMPLETE ONLY IF ADDING A NEW CLINIC SITE

Legal Business Name: The Heidi Group

Complete this form only if adding a clinic site that will provide Family Planning Program services and was not previously included in your agency's HHSC Family Planning Program contract. A separate form must be completed for each site that is added.

Clinic Name: Rio Grande Family Practice Clinic			
Street Address: 222 East Ridge Rd		Suite: 104	
City: McAllen	County: Hidalgo	Zip Code: 78501	HHSR: 11
Clinic APPOINTMENT Phone #: 956-661-3880			
Service Area (counties to be served by this clinic site): Hidalgo			
Pharmacy License #: 6693	Class: CS	Date of Pharmacy License Application Submission:	
TPI#: 1127166902		NPI #: 1619924719	
Date of Medicaid Application Submission (if no TPI# or NPI#): _____			
Subcontractor Site:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Mobile Site:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

FORM J-1: SERVICES PROFILE TABLE
COMPLETE ONLY IF ADDING A NEW CLINIC SITE

Legal Business Name: The Heidi Group - Athens Family Circle of Care

Fill out this form **for each clinic site** for which a new Family Planning Program Clinic Site (Form I) was completed. Indicate how each supply or service is provided to clients. If a supply or service will not be provided, an explanation must be included.

Note: All FDA-approved methods of contraception (with the exception of emergency contraception) must be made available to the client, either directly or by referral to another provider of contraceptive services, at the fee that would be charged if the method or service were provided on-site.

Contractors must offer the full range of available contraception methods, either on-site or by referral. At a minimum, the following services must be available to clients on-site:

- Anti-infectives for the treatment of STIs/STDs;
- Barrier methods and spermicides;
- Injectable hormonal contraceptive;
- Oral contraceptives;
- Sexual abstinence education and counseling; and
- Transdermal hormonal contraceptive (patch) or vaginal hormonal contraceptive (ring).

Supply or Service	Provided On-Site	Provided Through Referral	Referral Provider Name & Location
Informed Consent	Y		
History	Y		
Physical Assessment	Y		
Lab Testing	Y		
Pap Test	Y		
Client Education/Counseling	Y		
Pregnancy Diagnosis / Counseling	Y		
STI/STD Testing	Y		
STI/STD Treatment	Y		
HIV Testing	Y		
Level I Infertility Services	Y		
Minor GYN Problems	Y		
Health Promotion / Disease Prevention	Y		
Special GYN Procedures	N	Y	TFCC 928 N Glenwood Tyler, Tx

Supply or Service	Provided On-Site	Provided Through Referral	Referral Provider Name & Location
Female sterilization (<i>counseling provided, consent signed, scheduling & payment for procedure, even if procedure done elsewhere</i>)	Y	Y	Dr. Ralph Turner 11937 US Hwy 271 Tyler TX 75708 903-877-4673
Intrauterine Contraception (IUD/IUS)	Y		
Hormonal Implant (Nexplanon™)	Y		
Medroxyprogesterone Acetate (DMPA/Depo)	Y		
Oral Contraceptives (<i>providing a client with a prescription does not meet the definition of "on-site"</i>)	Y		
Transdermal Hormonal Contraceptive (Patch)*	Y		
Vaginal Hormonal Contraceptive (Ring)*	Y		
Diaphragm and/or Cervical Cap	Y		
Contraceptive Sponge	Y		
Female Condoms	Y		
Spermicidal Methods or Products	Y		
Natural Family Planning Instruction	Y		
Abstinence Education	Y		
Male sterilization (<i>counseling provided, consent signed, scheduling & payment for procedure, even if procedure done elsewhere</i>)	N		Urology Center of East Texas 1701 South Palestine Suite A Athens, TX 75751 903-675-9339
Male Condoms	Y		

*At least one of these two methods (patch/ring) **must** be provided on-site; the other may be provided by referral.

The services on the table below are optional. Please complete the table below with services Contractor intends to provide.

Optional Services (<i>see Appendix B for reimbursable procedure codes</i>)	Provided On-site	Not Provided	Provided Through Referral	Subcontracted
Breast and Cervical Cancer Diagnostic Services			Y	Cherokee Public Health Department
Limited Prenatal Services	Y			
Immunizations	Y			

FORM J-1: SERVICES PROFILE TABLE
COMPLETE ONLY IF ADDING A NEW CLINIC SITE

Legal Business Name: The Heidi Group
 Jacksonville Family Circle of Care

Fill out this form for each clinic site for which a new Family Planning Program Clinic Site (Form I) was completed. Indicate how each supply or service is provided to clients. If a supply or service will not be provided, an explanation must be included.

Note: All FDA-approved methods of contraception (with the exception of emergency contraception) must be made available to the client, either directly or by referral to another provider of contraceptive services, at the fee that would be charged if the method or service were provided on-site.

Contractors must offer the full range of available contraception methods, either on-site or by referral. At a minimum, the following services must be available to clients on-site:

- Anti-infectives for the treatment of STIs/STDs;
- Barrier methods and spermicides;
- Injectable hormonal contraceptive;
- Oral contraceptives;
- Sexual abstinence education and counseling; and
- Transdermal hormonal contraceptive (patch) or vaginal hormonal contraceptive (ring).

Supply or Service	Provided On-Site	Provided Through Referral	Referral Provider Name & Location
Informed Consent	Y		
History	Y		
Physical Assessment	Y		
Lab Testing	Y		
Pap Test	Y		
Client Education/Counseling	Y		
Pregnancy Diagnosis / Counseling	Y		
STI/STD Testing	Y		
STI/STD Treatment	Y		
HIV Testing	Y		
Level I Infertility Services	Y		
Minor GYN Problems	Y		
Health Promotion / Disease Prevention	Y		
Special GYN Procedures	N	Y	TFCC 928 N Glenwood Tyler, Tx

Supply or Service	Provided On-Site	Provided Through Referral	Referral Provider Name & Location
Female sterilization (<i>counseling provided, consent signed, scheduling & payment for procedure, even if procedure done elsewhere</i>)	Y	Y	Texas Spine & Joint Hospital Dr. Turner, UT HNE
Intrauterine Contraception (IUD/IUS)	Y		
Hormonal Implant (Nexplanon™)	Y	Y	
Medroxyprogesterone Acetate (DMPA/Depo)	Y		
Oral Contraceptives (<i>providing a client with a prescription does not meet the definition of "on-site"</i>)	Y		
Transdermal Hormonal Contraceptive (Patch)*	Y		
Vaginal Hormonal Contraceptive (Ring)*	Y		
Diaphragm and/or Cervical Cap	Y		
Contraceptive Sponge	Y		
Female Condoms	Y		
Spermicidal Methods or Products	Y		
Natural Family Planning Instruction	Y		
Abstinence Education	Y		
Male sterilization (<i>counseling provided, consent signed, scheduling & payment for procedure, even if procedure done elsewhere</i>)	N		
Male Condoms	Y		

*At least one of these two methods (patch/ring) **must** be provided on-site; the other may be provided by referral.

The services on the table below are optional. Please complete the table below with services Contractor intends to provide.

Optional Services (<i>see Appendix B for reimbursable procedure codes</i>)	Provided On-site	Not Provided	Provided Through Referral	Subcontracted
Breast and Cervical Cancer Diagnostic Services			Y	Cherokee Public Health Department
Limited Prenatal Services	Y			
Immunizations	Y			

FORM J-1: SERVICES PROFILE TABLE
COMPLETE ONLY IF ADDING A NEW CLINIC SITE

Legal Business Name: The Heidi Group
Rio Grande Family Practice Clinic

Fill out this form for each clinic site for which a new Family Planning Program Clinic Site (Form I) was completed. Indicate how each supply or service is provided to clients. If a supply or service will not be provided, an explanation must be included.

Note: All FDA-approved methods of contraception (with the exception of emergency contraception) must be made available to the client, either directly or by referral to another provider of contraceptive services, at the fee that would be charged if the method or service were provided on-site.

Contractors must offer the full range of available contraception methods, either on-site or by referral. At a minimum, the following services must be available to clients on-site:

- *Anti-infectives for the treatment of STIs/STDs;*
- *Barrier methods and spermicides;*
- *Injectable hormonal contraceptive;*
- *Oral contraceptives;*
- *Sexual abstinence education and counseling; and*
- *Transdermal hormonal contraceptive (patch) or vaginal hormonal contraceptive (ring).*

Supply or Service	Provided On-Site	Provided Through Referral	Referral Provider Name & Location
Informed Consent	Y		
History	Y		
Physical Assessment	Y		
Lab Testing	Y		
Pap Test	Y		
Client Education/Counseling	Y		
Pregnancy Diagnosis / Counseling	Y		
STI/STD Testing	Y		
STI/STD Treatment	Y		
HIV Testing	Y		
Level I Infertility Services	Y		
Minor GYN Problems	Y		
Health Promotion / Disease Prevention	Y		
Special GYN Procedures	Y		

Supply or Service	Provided On-Site	Provided Through Referral	Referral Provider Name & Location
Female sterilization (<i>counseling provided, consent signed, scheduling & payment for procedure, even if procedure done elsewhere</i>)	Y		
Intrauterine Contraception (IUD/IUS)	Y		
Hormonal Implant (Nexplanon™)	N	Y	Rio Grande Women's Clinic - Edinburg
Medroxyprogesterone Acetate (DMPA/Depo)	Y		
Oral Contraceptives (<i>providing a client with a prescription does not meet the definition of "on-site"</i>)	Y		
Transdermal Hormonal Contraceptive (Patch)*	Y		
Vaginal Hormonal Contraceptive (Ring)*	Y		
Diaphragm and/or Cervical Cap	Y		
Contraceptive Sponge	Y		
Female Condoms	Y		
Spermicidal Methods or Products	Y		
Natural Family Planning Instruction	Y		
Abstinence Education	Y		
Male sterilization (<i>counseling provided, consent signed, scheduling & payment for procedure, even if procedure done elsewhere</i>)	Y	Y	Dr. Ricardo Delvillu 101 E Ridge Road McAllen, TX 78503
Male Condoms			

*At least one of these two methods (patch/ring) must be provided on-site; the other may be provided by referral.

The services on the table below are optional. Please complete the table below with services Contractor intends to provide.

Optional Services (<i>see Appendix B for reimbursable procedure codes</i>)	Provided On-site	Not Provided	Provided Through Referral	Subcontracted
Breast and Cervical Cancer Diagnostic Services	Yes	-	Rio Grande Hospital	Rio Grande Hospital
Limited Prenatal Services	Yes	-	Rio Grande Hospital	Rio Grande Hospital
Immunizations	Yes	-	Rio Grande Hospital	Rio Grande Hospital

FORM K-1: FAMILY PLANNING PROGRAM CERTIFICATION

Complete information for your agency's HHSC Family Planning Program contract. Please read each statement on the form carefully and mark appropriately.

Contractor's Name The Heidi Group

Federal Tax ID Number (9 digits) 74-2757919

NPI Number 1588018394

Contractor's Primary Billing Address 109 S Harris, Suite 210

Street Address City/State/Zip Code Round Rock, Texas 78664

Telephone Number 512-255-2088

Contractor's Primary Physical Address (Street Address City/State/Zip Code) Same

DEFINITIONS

For the purposes of this certification, the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control; a franchise; or
2. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, articles of incorporation, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Promote" means advancing, furthering, advocating, or popularizing Elective Abortion by, for example:

1. taking affirmative action to secure Elective Abortion services for a Family Planning Program Client (such as making an appointment, obtaining consent for the Elective Abortion, arranging for transportation, negotiating a reduction in an Elective Abortion provider fee, or arranging or scheduling an Elective Abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider;
2. furnishing or displaying to a Family Planning Program Client information that publicizes or advertises an Elective Abortion service or provider; or
3. using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.

My name is Carol Everett. I am the contractor, or, if the contractor is an organization, I am the contractor's CEO (title or position) I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational contractor, I am authorized to make this certification on the contractor's behalf. Throughout the remainder of this document, the word "I" will represent the individual contractor that is completing this form or the organizational contractor on whose behalf the form is being completed. If this form is being completed on behalf of an organizational contractor, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

I understand that the Texas Legislature has specified that Family Planning Program funds may not be used to pay the direct or Indirect Costs of abortion procedures provided by HHSC contractors, or distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures. (H.B. 1, 84th Legislature, Regular Session, 2015, art. II, at II-104, Section 85 (relating to Prohibition on Abortions-Family Planning). I also understand that to receive Family Planning Program funds I must, if applicable, meet the organization requirements under Health and Human Services Commission Rider 87 of the 2016-17 General Appropriations Act (H.B. 1, 84th Legislature, Regular Session, 2015, art. II, at II-104, Section 87 (relating to Family Planning Affiliate Requirements).

I understand that I am not qualified to participate in the Family Planning Program or to bill the Program for services if I, or any of my organization's subcontractors, perform or Promote Elective Abortions.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions outside the scope of the Family Planning Program.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's subcontractors, an Affiliate, as defined on p. 2 of this document, of an entity that performs or Promotes Elective Abortions. Furthermore, my organization, and any of my organization's subcontractors, are legally separate entities from entities that perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
3. In offering or performing a Family Planning Program service, I do not, nor do any of my organization's subcontractors, perform or Promote Elective Abortions within the scope of the Family Planning Program.
☒ I affirm that this statement is true and correct.
4. In offering or performing a Family Planning Program service, I, as well as my organization's subcontractors, maintain physical and financial separation between any Family Planning Program activities and any Elective Abortion-performing or abortion-promoting activity, in particular:
 - a. All Family Planning Program services are physically separated from any Elective

Abortion activities, no matter what entity is responsible for the activities;

- b. The governing board or other body that controls me, or any of my organization's subcontractors, does not have any board members who are also members of the governing board of an entity that performs or Promotes Elective Abortions;
- c. None of the funds that I, or any of my organization's subcontractors, receive for performing Family Planning Program services are used to directly or indirectly support the performance or promotion of Elective Abortions by an Affiliate, and my, and any of my organization's subcontractors', accounting records can confirm this;
- d. My organization does not, nor do any of my organization's subcontractors, transfer any funds, through gift or payment, to an entity that performs or Promotes Elective Abortions. My organization and my organization's subcontractors do not share expenses or costs (including overhead, rent, phone, equipment, or utilities) with an entity that performs or Promotes Elective Abortions;
- e. I do not, nor do any of my organization's subcontractors, display any signs or materials that Promote Elective Abortion at any locations or in any public electronic communications.
- f. Any employee employed by my organization, or any my organization's subcontractors, is not also employed by an entity that performs or Promotes Elective Abortions.

☒ I affirm that this statement is true and correct.

- 5. I do not, nor do any of my organization's subcontractors, use, display, or operate under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes Elective Abortions.

☒ I affirm that this statement is true and correct.

- 6. I cannot affirm that the statements 1-5 above are "true and correct," but I do affirm all of the following: I do not perform Elective Abortions; none of the funds that I, or any of my organization's subcontractors, receive (or will receive) for performing Family Planning Program services are (or will be) used to directly or indirectly support the performance of Elective Abortions, and my accounting records can confirm this; my organization does not, nor do any of my organization's subcontractors, transfer any Family Planning Program funds, through gift or payment, to an entity for the performance of Elective Abortions; and I comply with all of the requirements of Health and Human Services Commission Rider 87, Sections a - g, under the 2016-17 General Appropriations Act (H.B. 1, 84th Legislature, Regular Session, 2015, art. II, at II-104, Section 87 (relating to Family Planning Affiliate Requirements)) if applicable.

☐ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- 1. If I fail to complete and submit this certification, I will be disqualified from the Family Planning Program and the Texas Health and Human Services Commission (HHSC) (henceforth, "HHSC") will deny any claims I submit for Family Planning Program services.
- 2. If, after I submit this signed certification, I, or any my organization's subcontractors, perform or agree to perform, or Promote Elective Abortions, I will notify HHSC at least 30 calendar days before such action is taken. If I fail to notify HHSC as required, I will be disqualified from the HHSC Program and HHSC will deny any claims I submit for Family Planning Program services.
- 3. If, while participating in the Family Planning Program, I, or any of my organization's subcontractors, perform or Promote an Elective Abortion, I will be disqualified from the Family Planning Program, and HHSC will deny any claims I submit for Family Planning Program services.
- 4. If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the Family Planning Program, HHSC may place a payment hold

on claims submitted by me or my organization for Family Planning Program services until HHSC can make a final determination regarding my eligibility.

5. If HHSC determines that I am ineligible to receive funds under the Family Planning Program:
- a) HHSC may recoup Family Planning Program funds paid on claims that I have incurred since the date the Contractor became ineligible;
 - b) HHSC will deny all Family Planning Program claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the Family Planning Program until I comply with the provisions of this certification form.

If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the HHSC Program.

If statements 1 – 5 are, or alternatively statement 6 is, marked "true," the effective dates of your certification are as follows: (The effective date of the Certification spans from the contract start date through the end of the contract/project year.)

Effective Date of Certification: 09/01/2017 through 08/31/2018.

Note: Each Contractor must complete a new certification form annually.

If, after certification, you can no longer affirm that any of statements 1 – 5 are, or alternatively 6 is, true, you must request an immediate termination of your Family Planning Program contract.

Signature: _____



Printed Name: Carol Everett

Title: CEO

Date: _____

March 3, 2017

Attachment C – Contractor's Revised Budget Documents

FORM F: BUDGET SUMMARY (REQUIRED)**Fiscal Year 2018****Legal Business Name:****The Heidi Group**

Budget Categories	Total Family Planning Program Budget (1)	HHSC Share Categorical & FFS (2)	Patient Co-Pays To Be Collected (3)
A. Personnel	\$1,316,663	\$1,316,663	\$0
B. Fringe Benefits	\$263,333	\$263,333	\$0
C. Travel	\$43,946	\$43,946	\$0
D. Equipment	\$0	\$0	\$0
E. Supplies	\$3,347,193	\$3,347,193	\$0
F. Contractual	\$0	\$0	\$0
G. Other	\$128,865	\$128,865	\$0
H. Total Direct Costs	\$5,100,000	\$5,100,000	\$0
I. Indirect Costs	\$0	\$0	\$0
J. Total (Sum of H and I)	\$5,100,000	\$5,100,000	\$0

NOTE: The "Total Budget" amount for each Budget Category will have to be entered manually among columns 2 and 3. Enter amounts in **whole dollars**. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$1,316,663	\$1,316,663	Fringe Benefits	\$263,333	\$263,333
	Travel	\$43,946	\$43,946	Equipment	\$0	\$0
	Supplies	\$3,347,193	\$3,347,193	Contractual	\$0	\$0
	Other	\$128,865	\$128,865	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$5,100,000	Budget Total	\$5,100,000
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FORM F-1: PERSONNEL Budget Category Detail Form

Legal Business Name:

The Heidi Group

PERSONNEL							
Functional Title + Code E = Existing or P = Proposed	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
CEO	N	The Heidi Group	1	NA	\$9,784.00	3	\$29,352
Program Director/Quality Assurance	N	The Heidi Group	1	NA	\$5,383.00	3	\$16,149
Executive/Admin Assistant	N	The Heidi Group	2	NA	\$2,768.00	12	\$66,432
Medical Director	N	The Heidi Group	1	NA	\$8,971.00	3	\$26,913
Outreach Director	Y	The Heidi Group	1	NA	\$5,383.00	3	\$16,149
Outreach Assistant	Y	The Heidi Group	1	NA	\$2,768.00	12	\$33,216
CFO	N	The Heidi Group	1	NA	\$2,500.00	5	\$12,500
Accounting Admin/Bookkeeper	N	The Heidi Group	1	NA	\$2,200.00	6	\$13,200
Billing Specialist FPP	Y	The Heidi Group	2	NA	\$3,230.00	12	\$77,520
Web Developer/Donor Specialist	N	The Heidi Group	1	NA	\$2,000.00	12	\$24,000
Administrative Assistants	Y	The Heidi Group	2	NA	\$2,691.00	6	\$32,292
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS							\$968,940
						SalaryWage Total	\$1,316,663

FRINGE BENEFITS		Itemize the elements of fringe benefits in the space below:	
		Fringe Benefit Rate %	20.00%
		Fringe Benefits Total	\$263,333

FORM F-2: TRAVEL Budget Category Detail Form

Legal Business Name:

The Heidi Group

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location City/State	Number of:	Travel Costs	
			Days/Employees		
State Trainings and workshops	One subcontractor per clinic, from 21 clinics, to attend one training session in Austin (based on desires of individual clinics) assume driving except McAllen and Amarillo staff	Austin, TX	3 days/ 21employees	Mileage	4365.46
				Airfare	3400
				Meals	4025
				Lodging	4058
				Other Costs	\$0
				Total	\$15,848
Site inspections and staff development training sessions	Site visits by THG staf to each of 21 subcontractor sites, during a 12 month cycle	Various locations in Texas	2 employees	Mileage	\$8,086
				Airfare	\$7,600
				Meals	\$5,857
				Lodging	\$5,475
				Other Costs	\$0
				Total	\$27,018
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel**\$42,866****Other / Local Travel Costs**

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Local travel for staff of 21 subcontractor clinic sites to attend health fairs and community events within their service area, average of 100 miles per clinic over 13	2000	\$0.540	\$1,080		\$1,080
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel**\$1,080**Other / Local Travel Costs: **\$1,080**Conference / Workshop Travel Costs: **\$42,866****Total Travel Costs: \$43,946**

Indicate Policy Used:

Applicant's Travel Policy

State of Texas Travel Policy

Revised: 7/6/2009

The Heidi Group

Description of Item [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost
Desktop and/or laptop computers 1@\$500	For new office staff at THG	\$500
Desk printers 1@\$300	For new office staff at THG	\$300
IT Supplies/MS 365	For new office staff at THG	\$10,000
Work station 2 @ \$1000	For new office staff at THG	\$2,000
Postage		\$2,400
Copies and office supplies	THG and subcontractor clinics	\$99,411
Medical supplies	For use at various subcontractor clinics	\$1,373,791
Pharamceutical supplies/medications for treating STDs, IUDs and other contraceptives,	For use at various subcontractor clinics	\$1,858,791
	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	\$0

\$3,347,193

Legal Business Name:

The Heidi Group

Total Amount Requested for Other:

\$128,865

FORM F: BUDGET SUMMARY (REQUIRED)**Fiscal Year 2019****Legal Business Name:****The Heidi Group**

Budget Categories	Total Family Planning Program Budget (1)	HHSC Share Categorical & FFS (2)	Patient Co-Pays To Be Collected (3)
A. Personnel	\$1,316,663	\$1,316,663	\$0
B. Fringe Benefits	\$263,333	\$263,333	\$0
C. Travel	\$43,946	\$43,946	\$0
D. Equipment	\$0	\$0	\$0
E. Supplies	\$3,347,193	\$3,347,193	\$0
F. Contractual	\$0	\$0	\$0
G. Other	\$128,865	\$128,865	\$0
H. Total Direct Costs	\$5,100,000	\$5,100,000	\$0
I. Indirect Costs	\$0	\$0	\$0
J. Total (Sum of H and I)	\$5,100,000	\$5,100,000	\$0

NOTE: The "Total Budget" amount for each Budget Category will have to be entered manually among columns 2 and 3. Enter amounts in **whole dollars**. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$1,316,663	\$1,316,663	Fringe Benefits	\$263,333	\$263,333
	Travel	\$43,946	\$43,946	Equipment	\$0	\$0
	Supplies	\$3,347,193	\$3,347,193	Contractual	\$0	\$0
	Other	\$128,865	\$128,865	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$5,100,000	Budget Total	\$5,100,000
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FORM F-2: TRAVEL Budget Category Detail Form

Legal Business Name:

The Heidi Group

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location City/State	Number of:	Travel Costs	
			Days/Employees		
State Trainings and workshops	One subcontractor per clinic, from 21 clinics, to attend one training session in Austin (based on desires of individual clinics) assume driving except McAllen and Amarillo staff	Austin, TX	3 days/ 21employees	Mileage	4365.46
				Airfare	3400
				Meals	4025
				Lodging	4058
				Other Costs	\$0
				Total	\$15,848
Site inspections and staff development training sessions	Site visits by THG staf to each of 21 subcontractor sites, during a 12 month cycle	Various locations in Texas	2 employees	Mileage	\$8,086
				Airfare	\$7,600
				Meals	\$5,857
				Lodging	\$5,475
				Other Costs	\$0
				Total	\$27,018
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel**\$42,866****Other / Local Travel Costs**

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Local travel for staff of 21 subcontractor clinic sites to attend health fairs and community events within their service area, average of 100 miles per clinic over 13	2000	\$0.540	\$1,080		\$1,080
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel**\$1,080**Other / Local Travel Costs: **\$1,080**Conference / Workshop Travel Costs: **\$42,866****Total Travel Costs: \$43,946**

Indicate Policy Used:

Applicant's Travel Policy

State of Texas Travel Policy

Revised: 7/6/2009

The Heidi Group

Description of Item [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost
Desktop and/or laptop computers 1@\$500	For new office staff at THG	\$500
Desk printers 1@\$300	For new office staff at THG	\$300
IT Supplies/MS 365	For new office staff at THG	\$10,000
Work station 2 @ \$1000	For new office staff at THG	\$2,000
Postage		\$2,400
Copies and office supplies	THG and subcontractor clinics	\$99,411
Medical supplies	For use at various subcontractor clinics	\$1,373,791
Pharamceutical supplies/medications for treating STDs, IUDs and other contraceptives,	For use at various subcontractor clinics	\$1,858,791
	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	\$0

\$3,347,193